



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) HUBR 1162/10020935																					
<table border="1"><tr><td colspan="2">In re Application of</td><td colspan="2">Johannes REINMULLER</td></tr><tr><td colspan="2">Application Number</td><td colspan="2">Filed</td></tr><tr><td colspan="2">09/600,347-Conf. #2655</td><td colspan="2">July 14, 2000</td></tr><tr><td colspan="2">For</td><td colspan="2">DEVICE AND METHOD FOR COSMETICALLY TREATING CELLULITE</td></tr><tr><td>Art Unit</td><td>3764</td><td>Examiner</td><td>V. K. Hwang</td></tr></table>				In re Application of		Johannes REINMULLER		Application Number		Filed		09/600,347-Conf. #2655		July 14, 2000		For		DEVICE AND METHOD FOR COSMETICALLY TREATING CELLULITE		Art Unit	3764	Examiner	V. K. Hwang
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$</td><td></td></tr><tr><td><input checked="" type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$</td><td>950.00</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$</td><td></td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$</td><td></td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>06-2375</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>36,669</u></p> <p><u>August 17, 2004</u> Date</p> <p><u>(202) 662-4584</u> Telephone Number</p> <p><u>Mary Anne Schofield</u> Signature</p> <p><u>Mary Anne Schofield</u> Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>				<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$		<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$		<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	950.00	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$		<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$	
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